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AMENDMENT FACSIMILE TRANSMISSION

DATE: March 30, 2006
FROM/ATTORNEY: Gary E. Parker
FIRM: ZymoGenetics, Inc.
PAGES, INCLUDING COVER SHEET: 22
PHONE NUMBER: (206) 442-6673

TO EXAMINER: Borgeest, C. M.
ART UNIT: 1649
SERIAL NUMBER: 10/606,055
FAX/TELECOPIER NUMBER: 571-273-8300

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PATENT APPLICATION
File No: 00-79D1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Charles E. Hart, Stavros Topouzis, Debra G. Gilbertson
Serial No. : 10/606,055
Group Art Unit : 1649
Examiner : Borgeest, C. M.
Filed : June 25, 2003
For : METHOD OF TREATING FIBROPROLIFERATIVE DISORDERS

CERTIFICATE OF TRANSMISSION OR MAILING UNDER 37 CFR 1.8(a)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached correspondence, comprising:

1. Amendment Fee Transmittal (1 page; in duplicate)
2. Amendment (6 pages)
3. Declaration of Debra G. Gilbertson under 37 CFR § 1.132 (4 pages)
4. 3 references (8 pages total)
5. Fax Cover Sheet

is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 30, 2006.


Linda Povinelli

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AMENDMENT FEE TRANSMITTAL

Mail Stop Amendment
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 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-mentioned application. The fee required to be filed with the accompanying amendment has been calculated as shown below:

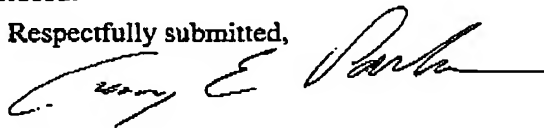
CLAIMS AS AMENDED

<u>Claim Type</u>	<u>Total Claims After Amendment</u>	<u>Highest No. Covered by Previous Payments</u>	<u>Extra</u>	<u>Extra Rate</u>	<u>Fees Paid</u>
Total	<u>8</u>	-20	___ x	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	\$0
Independent	<u>1</u>	-3	___ x	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200	\$0

Total: \$0

Please charge any required fee to ZymoGenetics, Inc., Deposit Account No. 26-0290. A duplicate of this sheet is enclosed.

Respectfully submitted,



Gary E. Parker
 Registration No. 31,648

COPY

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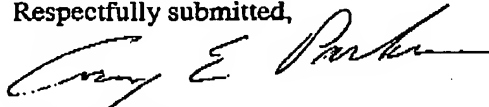
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<u>Claim Type</u>	<u>Total Claims</u> <u>After Amendment</u>	<u>Highest No. Covered</u> <u>by Previous Payments</u>	<u>Extra</u>	<u>Extra Rate</u>	<u>Fees Paid</u>
Total	<u>8</u>	-20	<input type="checkbox"/> x	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	\$0
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